STATE OF SOUTH CAROLINA) (Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo)	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
FAYE OVERMAN.	TRANSPORTATION COVER SHEET DOCKET NUMBER: 2011 - 122 - 1
MYRTLE BEACH SC 29572	If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print) Submitted by: FAYE OUERMAN	Telephone: 843-446-898192
Address: 6216 FRUNTAGE ROAD MYRTLE BOACH SE 29572	Other:
THIGHTLE NETCH	Email:
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service be filled out completely. NATURE OF ACTION	Commission of South Carolina for the purpose of docketing and must
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Reservation Letter Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - CHARTER Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto. 1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.) Street Address of Applicant Mailing Address of Applicant if different from street address 2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.) 3. Seleet Entity Type: (Check one) ☑ Individual Owner/Sole Proprietorship Partnership - List names and address of all person having an interest in the business. Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at	Time	Applic	ation is	Filed:	
Balance at Month	2	128	Year	20	11

Assets:

11000101	
Cash	5,000.00
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	4500,00
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepaids and Other Assets	
Total Assets	9,500.00
Liabilities and Equity:	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	6
Accrued Salaries and Wages	Ö
Other Accrued Obligations	6
Other Liabilities	
Total Liabilities	6
Capital Stock	0
Retained Earnings	0
Total Equity	•
Total Liabilities and Equity	9500,00

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates a	nd Charges for S	ervice ere	as follows:	
1.95 PER MILE	DEDENTINO	ONTHE	PRICE of GAS	Per 9 allow
-	10 Phores 109		o V. S	<i>J</i>
2.80				
·				
. 4				
Counties to be Served:	11.00			
س	dinie	B		
•				
		-		
Maximum Number of Passe	ngers per Vehicle)	
THAMINGH HANDOL OF LASSE	ngera ber vemere	<u>.</u>		
7				

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
1997				
CHRYSLI	er 1997 Town+Co	ANTRY VAN		7
Do. 130.	1999 CARREVAN MI	41 114h		7
0		· (V4×		

INSURANCE QUOTE

This form <u>MUST BE COMPLETED AND SIGNED</u> by an <u>AUTHORIZED INSURANCE COMPANY REPRESENTATIVE</u>. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:
Fare 8. Of orman, dba: Amond- gins
Fange OV orman, dog: Assaul-2
Lodlo Frankage, Rand, Myston, Board, SC, 29572 Address of Motor Carrier
radiess of Motor Carror
Amount of Premium: Limits Quoted: (See Below)
EDE.
Liability Insurance \$ 1,874.00 Limits 300,000 CSL
The above quoted premium is for a term of months.
Minimum Limits - Intrastate Only:
1-7 Passengers \$ 25,000/50,000/25,000
8-15 Passengers \$ 25,000/100,000/25,000
Strangt 10. Decare Co., clo 5 Star Sportage Programme of Insurance Company
Home Office Address of Company
I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.
Date Authorized Insurance Company Representative's Signature

NOTICE:

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If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit FWA

Fang B. O Varmon, do : Assessor & wiso Name of Applicant	
Name of Applicant	
1. Are there currently any outstanding judgments against the Applicant?	
○ Yes	
If Yes, indicate nature of judgement(s) against applicant.	
1 100, marvate nature of judgement(s) against applicant.	
2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire moto carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these	or
statutes and regulations?	
Yes O No	
3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?	
∜ Yes ○ No	

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Exhibit on Driver Qualifications

1.	Appli	pplicant understands that all drivers must be a minimum of 18 years of age.					
	_	Yes		O N			
2.	Applic	ant unde	erstands that	a certifi	ied copy of the driver's three (3) year driving record issued by the SC DMV		
	and Su	ch recor	a from the D	IVI V of	the state in which the driver is or has been domiciled for such period must usiness office.		
	\$	Yes		O N	o		
3.	Applic	eant unde	erstands that a	a crimir pplicar	nal history background check from the state where the driver currently lives at's business office.		
	Ø	Yes		O No	o ·		
			*:41				
4.	their p	ossessioi	erstands that a n when opera ce of the driv	ting a c	ers operating a vehicle under a Class C Charter Certificate must have in harter vehicle, a valid driver's license issued by the SC DMV or the current		
	×	Yes	era. Hara	O No			
5.	venicie	es to driv	ers who are r	egistere	s C Charter Certificate holders are prohibited from employing or leasing ed, or required to be registered, as sex offenders with the South Carolina any national registry of sex offenders.		
	×	Yes		O N	lo .		

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

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STATE OF SOUTH CAROL	JNA)	^	. 10	
COUNTY OF Hose) ~~~	Tayel	Applicant's Signature	
	0	The state of the s	Applicant's Signature	
L'Ene B.	(servey)	~		
Name of A	Applicant's Representative	, <u></u>	Title	
of Arrows &	Sime.			
		Applicant		 ,
affirm that all statements	oommaa ii die aoove ap	opinication are title a	nd correct.	
		Jane	B_ <u>Querman</u> ure of Applicant's Representative	
Į* i		Sighatu	ire of Applicant's Representative	,
SWORN TO BEI				
This 21 day of 🔨)auch , 20 h			
100	22			
Notary Public	chrosock			

Commission Expires